PRISONER OF WAR MAIL		
	то:	
DO NOT WRITE HERE	STREET	
	CITY	
	COUNTRY	
	PROVINCE OR DEPARTMENT	
DA FORM 2666-R, MAY 82	EDITION OF 1 JUL 63 IS OBSOLETE. USAI	PPC V1.00

PRISONER OF WAR NOTIFICATION OF ADDRESS For use of this form, see AR 190-8; the proponent agency is DCSPER.								
LANGUAGE			POWER SERVED					
					LED FOR DO NOT ADD ANY REMARKS			
PRINT CLEARLY THE INFORMATION CALLED FOR, DO NOT ADD ANY REMARKS.								
NAME (Last, First, MI)			GRADE		GRADE			
INTERNMENT SERIAL NUMBER			DATE OF CAPTURE OR TRANSFER					
DATE OF BIRTH PLACE OF BIRTH								
PHYSICAL CONDITION (Check applicable box)								
GOOD HEALTH RECOVERED			SICK	SERIOUSLY WOUNDED				
NOT WOUNDED CONVALESCENT				SLIGHTLY WOUNDED				
FORMER ADDRESS								
PRESENT ADDRESS (Name of Camp or Hospital, and Location)								
,								
DATE SIGNATURE OF PRISONER								
DATE SIGNATURE OF FRISONER								
	CLEARL BER PLACE	BER  PLACE OF BIRTH  PHYSICAL CONDITION  RECOVERED  CONVALESCENT	PLACE OF BIRTH  PHYSICAL CONDITION  RECOVERED  CONVALESCENT  of Camp or Hospital, and Location)	POWER SERVED  POWER SERVED  CLEARLY THE INFORMATION CALLED FOR. DO NOT ADD A  BER  DATE OF CAPTURE OF  PLACE OF BIRTH  PHYSICAL CONDITION (Check applicable box)  RECOVERED  SICK  CONVALESCENT	POWER SERVED  DATE OF CAPTURE OR TRANS  PLACE OF BIRTH  PHYSICAL CONDITION (Check applicable box)  RECOVERED  SICK  SERION  CONVALESCENT  SLIGH  Of Camp or Hospital, and Location)			